

Training Tool for Pregnant Woman Assessment Questions

Type	Question	Purpose/Risk Code
Participant Centered Conversation	<ul style="list-style-type: none"> As a part of WIC services, I'm going to ask you a variety of questions about your health and eating. Before we get started, what health, nutrition, or other topics would you like to be sure we talk about today? 	<ul style="list-style-type: none"> Sets the stage for the nutrition assessment Begins the assessment in a conversational manner to engage the participant Provides the opportunity for the participant to bring up topics for discussion
<p>A</p> <p>100's Anthropometric</p> <ul style="list-style-type: none"> Height/weight, %tiles Anything related to weight gain, loss 	<ul style="list-style-type: none"> How do you feel about how your body has changed during this pregnancy? 	<ul style="list-style-type: none"> Helps understand participant's attitude about body changes May provide direction of counseling regarding weight changes in pregnancy
	<ul style="list-style-type: none"> What has your doctor discussed with you about weight gain in pregnancy? 	<ul style="list-style-type: none"> Helps determine what other health care practitioners have discussed
<p>B</p> <p>200's Biochemical</p> <ul style="list-style-type: none"> Blood tests Anything related to blood- anemia, lead 	<ul style="list-style-type: none"> (If low hgb) What has your doctor said about your iron? (If low hgb) What do you know about anemia? 	<ul style="list-style-type: none"> Helps determine if participant has been diagnosed with anemia or has had low iron in the past Provides opportunity to reinforce information or treatment given by MD Provides opportunity to build upon understanding that participant already has about anemia and effects on pregnancy

TRAINING TOOL FOR PREGNANT WOMAN ASSESSMENT QUESTIONS

<p style="text-align: center;">C</p> <p style="text-align: center;">300's Clinical</p> <ul style="list-style-type: none"> Health/Medical Conditions Anything related to medical history, medical conditions, MD access 	<ul style="list-style-type: none"> What has your doctor said about your pregnancy? What concerns do you have about your health? 	<ul style="list-style-type: none"> Participant can discuss any health concerns that may have been identified by MD or her own concern May indicate medical issue or participant concern and may influence direction of counseling
	<ul style="list-style-type: none"> How does this pregnancy compare to your previous ones? 	<ul style="list-style-type: none"> Helps you find out about possible problems with past pregnancies May help uncover concerns that participant may have about being pregnant again
	<ul style="list-style-type: none"> Tell me about any medical or nutrition conditions that you are currently being treated for such as food allergies, lactose intolerance, weight loss surgery, diabetes or hypertension. 	<ul style="list-style-type: none"> Helps you discuss prenatal health care Helps determine risk code assignment for medical risk conditions 301,302,342,343,345,353,358, others possible depending on medical condition
	<ul style="list-style-type: none"> What medications are you currently taking? 	<ul style="list-style-type: none"> Helps assess potential for drug-nutrient interactions Risk code 357 may apply May provide opportunity for participant to share health status if not responding to previous question
	<ul style="list-style-type: none"> Are you experiencing depression? Has a healthcare provider suggested treatment for depression for you? 	<ul style="list-style-type: none"> Helps to determine if participant is eligible for risk code Risk code 361 may apply Helps determine if participant needs referral to health care provider for further assessment
	<ul style="list-style-type: none"> Tell me about any street drug use. (asking this when asking about smoking/alcohol use seems to flow nicely) 	<ul style="list-style-type: none"> Helps determine if participant is eligible for risk code Helps determine if participant needs referrals Risk codes 372 or 901 may apply

TRAINING TOOL FOR PREGNANT WOMAN ASSESSMENT QUESTIONS

<p style="text-align: center;">D</p> <p style="text-align: center;">400's Diet and Nutrition</p>	<ul style="list-style-type: none"> • How do you feel about your eating? 	<ul style="list-style-type: none"> • Provides opportunity to explore her challenges and support her successes • Helps you to encourage healthy eating practices
	<ul style="list-style-type: none"> • How is your appetite? 	<ul style="list-style-type: none"> • May indicate possible stress in participant's life • May provide opportunity to discuss eating strategies for mom while caring/nursing baby
	<ul style="list-style-type: none"> • What vitamins or supplements are you taking? 	<ul style="list-style-type: none"> • Find out whether she is taking appropriate supplements • Can lead to nutrition education about food as source of vitamins and minerals • Refer to MD if excessive medications or herbal supplements/teas • Evaluate herbal remedies for potential harmful effects on infant • Risk codes 427D and/or 427A may apply
	<ul style="list-style-type: none"> • Tell me about any special diet or diet restrictions you have. 	<ul style="list-style-type: none"> • Could affect intake of different food groups • Could show food allergies, possible eating disorder • May need to refer for high risk follow-up • May need to refer to food shelf or food stamps if needed • Risk Code 427B may apply
	<ul style="list-style-type: none"> • Do you have any cravings for or eat any non-food items? 	<ul style="list-style-type: none"> • May indicate participant is ingesting toxic substance • Need to evaluate amounts taken in • May need to refer to MD • Risk code 427C may apply
	<ul style="list-style-type: none"> • What cold deli meats, soft cheese, raw foods, or unpasteurized beverages do you eat? 	<ul style="list-style-type: none"> • May indicate intake of food potentially contaminated with pathogenic microorganisms • Be aware that most packaged soft cheese bought in grocery stores are made with pasteurized milk • Risk code 427E may apply

TRAINING TOOL FOR PREGNANT WOMAN ASSESSMENT QUESTIONS

	<ul style="list-style-type: none"> • What have you heard about breastfeeding? 	<ul style="list-style-type: none"> • Provides an opportunity to address any barriers woman may identify • Helps determine if referral is needed
<p>E</p> <p>900's Environmental/ Other Factors</p>	<ul style="list-style-type: none"> • What are some physical activities that you enjoy? 	<ul style="list-style-type: none"> • An active lifestyle is important for overall health • Regular activity (Ok from MD) is part of a healthy lifestyle
	<ul style="list-style-type: none"> • What concerns do you have about your safety? Probe for safety/abuse, drug/alcohol abuse 	<ul style="list-style-type: none"> • Give appropriate referrals • Determine if your local agency requires mandatory reporting • Risk codes 901, 902 may apply
	<ul style="list-style-type: none"> • Do you feel your family could use support from other programs for housing or food at this time? • Within the past 12 months, have you worried whether your food would run out before you got money to buy more? • Within the past 12 months, has the food you bought run out and you didn't have money to get more? 	<ul style="list-style-type: none"> • Helps to show food security or insecurity • May indicate need for referrals

Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us. To obtain this information in a different format, call: 1-800-657-3942.